

Date: MM/DD/YYYY

EDG Number: XXXXXXXXX Case Number: XXXXXXXXX

Cardholder Name Address Line 1 Address Line 2 City, State, Zip Code

Your unused SNAP benefits will be removed on XX/XX/XXXX. SNAP benefits not used in nine months are removed under federal rules. Our records show that you have SNAP benefits that may go unused for nine months. To prevent the removal of unused SNAP benefits, you must buy something using your Lone Star Card before the date listed above

Questions?

Your Texas Benefits: 2-1-1 or 877-541-7905. After you pick a language, press 2. Someone can talk with you Monday to Friday, 8 a.m. to 6 p.m. Central Time.

Lone Star Card: 800-777-7328.

If you have a complaint:

Call 2-1-1 or 877-541-7905 (after you pick a language, press 2). If you still need help, call the Office of the Ombudsman at 877-787-8999. All numbers are free to call.

Your right to appeal:

If you think any action on your case is wrong, you can ask for a hearing to appeal. A hearing is a chance for you to tell a hearing officer the reasons you think the action is wrong. The hearing officer will decide if the right action was taken.

If you want a hearing, you must ask for it within 90 days of the date of this letter or the start date of the action, whichever comes later. If you are given a hearing, you can speak for yourself, or you can have a family member, friend, or lawyer speak for you (see below for free legal services). If you need an interpreter for your hearing, we can get you one at no cost.

Benefits during appeal:

You can get benefits while you wait for a hearing if: (1) you ask for a hearing within 13 days of the date of this letter, and (2) you are getting benefits when you ask for a hearing. If you lose the appeal, you might have to pay back benefits you got while waiting for the hearing.

How to appeal:

The fastest way to ask for a hearing to appeal is by calling 2-1-1 or 877-541-7905. After you pick a language, press 2. If you have a hearing or speech disability, call 7-1-1 or any relay service. All numbers are free to call.

If you can't call 2-1-1, you can ask for a hearing by either sending us a letter or going to an HHSC benefits office near you. If you send us a letter, you will need to include your: (1) full name, (2) case number, (3) address, and (4) phone number, if you have one. Mail the letter to: Texas Health and Human Services Commission, PO Box 149027, Austin, Texas 78714-9027.

For free legal services, contact:

Lone Star Legal Aid - Houston Office

500 Jefferson ST., 17th Fl.

Houston TX 77002

Phone: 800.733.8394

Your right to fair treatment:

If you think you have been treated unfairly (discriminated against) because of race, color, national origin, age, sex, disability, political beliefs or religion, you can file a complaint. Contact us by:

Mail: Texas Health and Human Services Civil Rights Office 701 W. 51st St. MC W-206 Austin, TX 78751 **Phone:** 888-388-6332

Fax: 512-438-5885

Email: HHSCivilRightsOffice@hhsc.state.tx.us

You can also file a complaint with the U.S. Department of Health and Human Services (US DHHS) Office for Civil Rights (OCR):

Phone: 800-368-1019 **OR** 800-537-7697(TTY)

Email: OCRComplaint@hhs.gov

If you are applying for SNAP or get SNAP and you have received unfair treatment (discriminated against) you also can contact the USDA:

Mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Ave., SW

Washington, D.C. 20250-9410

Fax: (202) 690-7442

Email: program.intake@usda.gov